

MAY 26 1952

STANDARD CERTIFICATE OF DEATH

State File No. 17618

1923
1

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 95	
1. PLACE OF DEATH a. COUNTY St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before institution) a. STATE Missouri b. COUNTY St. Charles			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		0923	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1205 North Second Street				d. STREET ADDRESS (If rural, give location) 1205 North Second Street			
3. NAME OF DECEASED (Type or Print)		a. (First) Amalia		b. (Middle) C.		c. (Last) Heckmann	
4. DATE OF DEATH (Month) (Day) (Year) May 23 1952		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH Feb 20, 1871		9. AGE (In years last birthday) 81		Months 3		Days 3	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) St. Charles, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Heckmann		13b. MOTHER'S MAIDEN NAME Katherine Knapp		14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. NIL		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Catherine Heckmann (sister) St. Charles			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cocaine of Blood ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION 5-10-48		19b. MAJOR FINDINGS OF OPERATION Cocaine of Blood 170X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 10 1952 , to May 23 1952 , that I last saw the deceased alive on May 20 1952 , and that death occurred at 2:45 Am. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) James Hamilton M.D.				23b. ADDRESS St. Charles, Mo.		23c. DATE SIGNED 5-23-52	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE May 26, 1952		24c. NAME OF CEMETERY St. Peter Cemetery		24d. LOCATION (City, town, or county) (State) St. Charles, Missouri	
DATE REC'D BY LOCAL BUREAU 5-23-52		REGISTRAR'S SIGNATURE James Hamilton		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. O. Dallmeyer + Sons Co 800 N. 2nd St. Charles, Mo.			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Herbert C. Dallmeyer

Licensed Embalmer No. 4546

P. O. Address St. Charles, Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.